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The American Atlas of Stereoroentgenology



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348
51
15
17

142

INDEX

SIALOLITHIASIS,

page 143 missing

By JOHN HUNTER SELBY, M. D.

FRACTURED HUMERUS THRU BONE CYST,

By WM. H. STEWART, M. D.

LEFT RENAL TUBERCULOSIS AND RIGHT MULTIPLE

NEPHROLITHIASIS,

page 149 duplicated

By WM. H. STEWART, M. D.

SESAMOID BONE IN THE LIGAMENTUM PATELLAE,

By WM. H. STEWART, M. D.

PATHOLOGICAL (EPITHELIOMA) FRACTURE OF JAW,

By WM. H. STEWART, M. D.

PENETRATING GASTRIC ULCER,

By WM. H. STEWART, M. D.

FRACTURE OF THE PELVIS,:

By WM. H. STEWART, M. D.

PERFORATIVE OSTEOMYELITIS OF THE ILIAC BONE,

By LEON THEODORE LEWALD, M. D.

SYPHILIS OF THE STOMACH,

By LEON THEODORE LEWALD, M. D.

ninth case the physician mentioned the possibility of a salivary calculus, but stated that he could not palpate it. In six of these cases the calculus was in the submaxillary duct; in the other three it was in the submaxillary gland. The smallest was the size of a BB shot; the largest that of an apricot seed. The symptoms varied considerably, and in the majority of the cases the clinical picture suggested infection from a tooth. Five of the calculi were sectioned. None showed a foreign body as a nucleus. We, therefore, accepted the theory of infectious origin. A small, soft salivary calculus can be easily overlooked in an X-ray plate unless the utmost care is taken in focusing. The proper position is somewhat trying to the patient and is tedious. Stereo plates are indispensable for localization.

CALCULUS IN LEFT WHARTON'S DUCT

F. W. M., age 33 years. Occupation, housewife.

¶ **History of Onset**—Duration, three weeks. Very gradually a swelling appeared in the floor of the mouth on the left side. Very little pain was present. The patient suspected a root abscess and consulted a dentist. X-ray films were made and also plates of the lower jaw, but these are said to have been negative. Later she consulted a surgeon who referred her to me for an examination of the lower jaw. It was also suggested that I make dental films of the molars. Inasmuch as the patient had been examined by another roentgenologist, I made stereo plates as a preliminary survey of the region. These being negative the salivary glands were radiographed.

¶ **Findings**—A calculus the size of a BB shot in the left Wharton's duct. The dense, enlarged gland is clearly outlined in the stereo set. Confirmed by operation.

¶ **Conclusions**—My series of cases cast doubt on the extreme rarity of sialolithiasis, and also indicate that the X-ray examination is imperative in a large percentage of cases.

Calculus in Left Wharton's Duct

Stereo 48.

Serial N^o 379



A LAMINATED CALCULUS

M. W. M., age 35 year. Occupation, clerk.

¶ **History of Onset**—The patient states that ten days ago he first noticed a swelling in the floor of the mouth to the left of the tongue, which gradually became larger and tender. During the past two days he has been unable to chew because of the swelling and great pain.

¶ **Inspection**—Great difficulty was experienced in separating the jaws enough to admit the examining finger. The soft parts in the mouth were so swollen as to prevent satisfactory inspection or palpation. Several positions were tried before I succeeded in getting a clear set of stereo plates.

¶ **Diagnosis**—A laminated calculus the size of a plum stone in the left Wharton's duct. Confirmed by operation.

A Laminated Calculus

Stereo 47.

Serial N^o 379



FRACTURED HUMERUS THRU BONE CYST

By W. H. STEWART, M. D., New York

T. B. U. S., male, age 13 years.

Referred by D. IRVING HAYNES



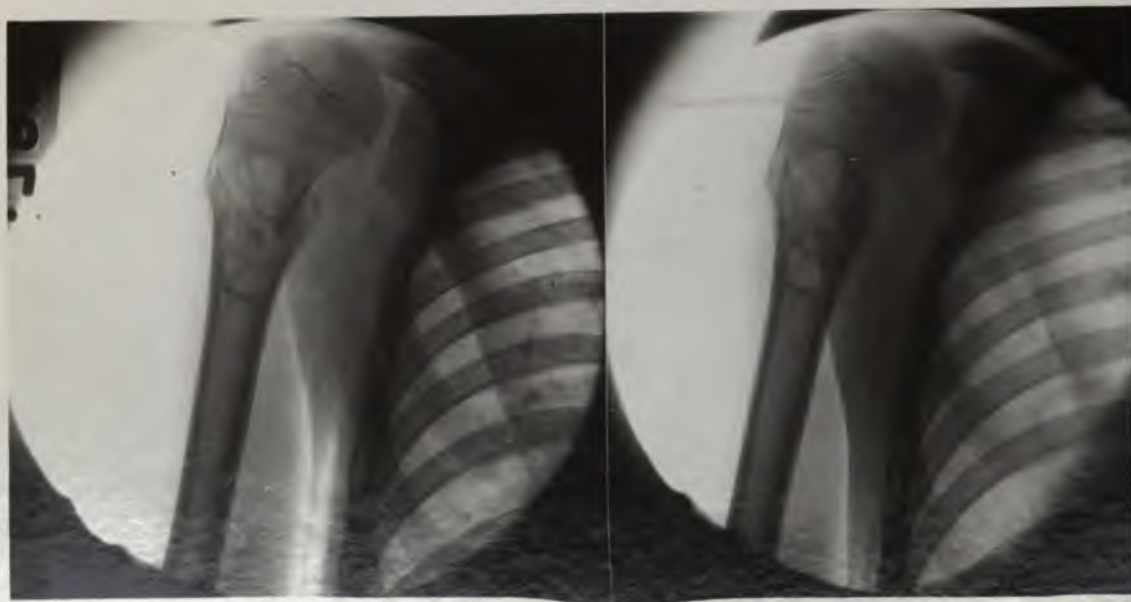
FAMILY and Previous History—Irrelevant.

¶ **Present History**—Patient fell from a swing to the ground, striking on his left shoulder. When examined there was loss of function, false point of motion, angular deformity, crepitus, swelling and tenderness.

¶ **Roentgenographic Examination**—A fracture of the left humerus just below the surgical

Fracture of the Left Humerus

Stereo 49.

Serial **Nº 379**

neck, the fracture line running through and involving the walls of a bone cyst. There is some angulation.

¶ **Remarks**—After proper reduction, the case had an uninterrupted recovery and function, without deformity, was restored.

¶ Further roentgenographic studies showed the healing process had partially obliterated the cyst.

LEFT RENAL TUBERCULOSIS AND RIGHT MULTIPLE NEPHROLITHIASIS

By W. H. STEWART, M. D., New York

F. Q. Male, age 34 years Referred by Drs. SEYMOUR BASCH, WILLY MEYER



PREVIOUS History—In 1902, following a kick while playing football, patient noticed that his urine was bloody. By cystoscopic examination at that time the hemorrhage was found to come from the right ureter. After a time the urine again become clear. In 1904 had gonorrhea followed by cystitis. During 1905 and 1906 urine was milky with pus and contained tubercle bacilli. The patient went to Switzerland for heleo-therapy and gained forty pounds in eighteen months. During 1909 had a number of small stones removed from the bladder through the urethra. A cystoscopic examination at the time showed the left kidney to be completely inactive.

¶ **Present History**—Four or five months ago started to be troubled with frequency of urination with, off and on, clots of blood in the urine. Constant discomfort over the right kidney region. Cystoscopic examination at this time revealed an inactive left kidney.

¶ **Roentgenographic Examination**—On November 25, 1916, revealed the following:

¶ The left kidney was found contracted, and irregular in shape, with scattered calcified areas throughout, especially in the lower pole.

The Left Kidney

Stereo 50.

Serial N^o 379



SESAMOID BONE IN THE LIGAMENTUM PATELLAE

By W. H. STEWART, M. D., New York

P. B., male, white, U. S., age 14 years.

Referred by Dr. FRANZ TOREK



MILY History—Negative.

¶ **Past History** — Measles. No cough.

¶ **Present History**—For the past five weeks has noticed pain and tenderness over left knee, with some swelling and redness around the joint.

¶ No history of trauma.

¶ **Physical Examination** of extremities shows—Knee joint equal and active. No odema. Circumference of right knee 15 inches. Left, 15½ inches. Below the left patella, but in close contact with it, there is a firm mass 2½ inches in diameter. It is slightly movable, independent of the patella. In this region the knee is slightly swollen. There is no redness but slight tenderness.

¶ **Roentgenographic Examination**—A distinct foreign body (which has the appearance of a sesamoid bone) is seen just below the left patella.

¶ **Confirmatory Stereoroentgenographic Examination** reveals a large, irregular bony mass, which is apparently lying in the ligamentum patellae.

¶ **Surgical Diagnosis** by Dr. Torek. Sesamoid Bone in the Ligamentum Patellae.

¶ A vertical median incision was made beginning just below the patella and extending downward about three inches. The ligament was then incised and opened and a sesamoid bone, about the size of an English walnut removed, exposing the infra patella bursa beneath.

¶ The ligament was then sutured with catgut.

¶ Recovery uneventful.

Sesamoid Bone in the Ligamentum Patellae

Stereo 52.

Serial N^o 379



PATHOLOGICAL (EPITHELIOMA) FRACTURE OF JAW

By W. H. STEWART, M. D., New York

W. F., male, U. S., white, age 51 years

Referred by Dr. W. H. LUCKETT



FAMILY History—Negative.

¶ **Past History**—Medical and surgical negative. Veneral denied. Habits moderate.

¶ **Present History**—About a year ago patient had several teeth of lower left jaw extracted for pyorrhea; following this the gums never seemed to become hard enough to be suitable for a plate. There was a soreness of the jaw, but no actual pain. About six months ago he cut his gum by eating a piece of hard bread; considerable hemorrhage occurred, this soon ceased but the wound never healed, instead it became an ulcer. About six weeks ago the pain in jaw increased and mastication became painful. Six days ago, while chewing a sandwich, he felt a sudden sharp twinge of pain in his lower left jaw and on trying to chew again found that his jaw did not work smoothly and moved about considerably.

¶ **Clinical Diagnosis**—Fracture of left mandible, with necrosis.

¶ **Roentgenographic Examination** shows that most of the middle third of the left mandible has been absorbed; the border of this rarefied area is irregular, the absorption

occurring gradually at the edges. There has been a pathological fracture through the diseased portion of the bone.

¶ **Diagnosis**—Fracture following carcinoma of the lower left jaw.

¶ **Pathological Report of a Section**—Squamous celled epithelioma.

Fracture of the Lower Left Jaw

Stereo 53.

Serial N^o

379



PENETRATING GASTRIC ULCER

By W. H. STEWART, M. D., New York.

Mrs. B. E., U. S., age 55 years

Referred by Drs. A. HOTWET, W. H. LUCKETT



FAMILY History—Negative for carcinoma or tuberculosis.

¶ **Previous History**—Perfectly well up to two years ago when patient commenced to have a dull pain after eating, most severe on the right side, high up. There was occasional vomiting, which relieved the pain.

¶ **Present History**—These symptoms have continued up to the present time, gradually increasing in severity, has had some intervals of a few days

Penetrating Gastric Ulcer

Stereo 54.

Serial **Nº 379**



FRACTURE OF THE PELVIS

By W. H. STEWART, M. D., New York

H. C., Russian, aged 60 years

Referred by Dr. J. F. CONNORS



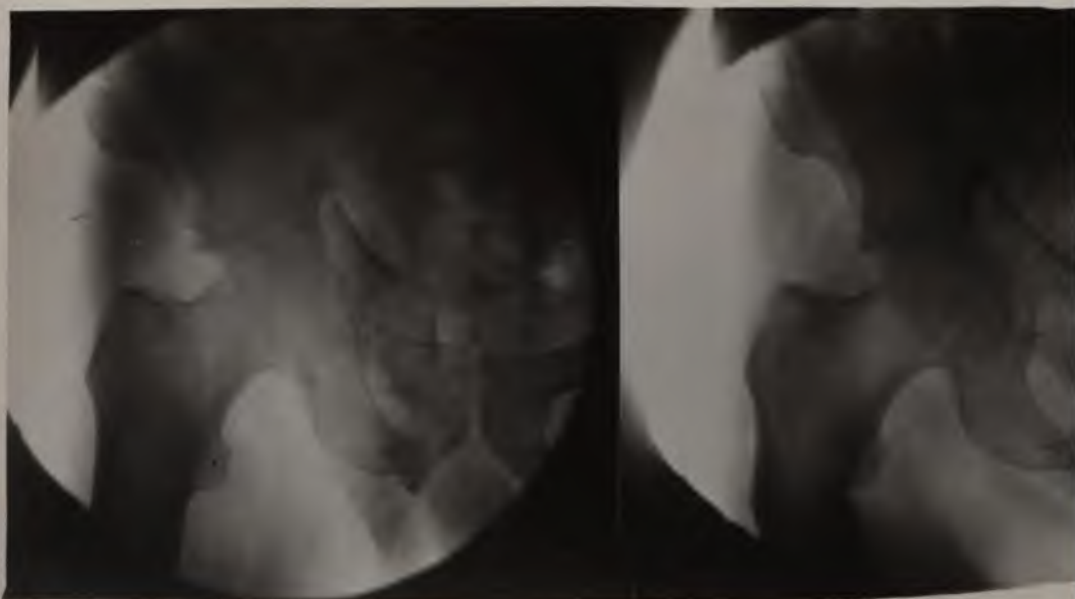
FAMILY and Past History—Irrelevant.

¶ **Present History**—Five days ago patient had a severe fall, there was loss of function and severe pain, in pelvic region, especially around the left hip joint. Examination failed to reveal crepitus, deformity or false point of motion. There was tenderness on deep pressure over the left trochanter and acetabulum. No shortening of the left leg was detected but a tendency to outward rotation was noted.

Fracture of the Pelvis

Stereo 55.

Serial **Nº 379**



¶ **Roentgenographic Examination**—An inward crushing fracture of the left side of the pelvis, the fracture line runs through and involves the acetabulum. There is also a fracture of the ischium.

¶ **Surgical Procedure**—Extension was applied and a spica plaster cast applied to the pelvis and left leg throughout.

PERFORATIVE OSTEOMYELITIS OF THE ILIAC BONE

By LEON THEODORE LEWALD, M. D.

Professor of Roentgenology New York University; Director of the Roentgen Department
St. Luke's Hospital, New York

Male, aged 10 years

Service of Dr. T. H. MYERS, St. Luke's Hospital



INDEFINITE history of trouble with left hip seven years ago from which he recovered. Slight injury a few weeks ago followed by pain on left side of pelvis.

¶ Roentgenographic Examination

showed no definite lesion about the left hip joint. Some irregularity about the shadows over the iliac bone were con-

sidered in the *ordinary* exposure as *probably due to gas in the bowel overlying the bone*. Symptoms continued to increase and finally, when a **stereoscopic** examination was made, it was found that there was a distinct defect in the iliac bone on the left side. The area was oval in shape and measures about 2 by 1 cm. in diameter.

¶ Study of the case six weeks after the first examination showed the pathological process in the iliac bone increased in extent.

¶ The condition was confirmed by operation, which disclosed a perforation of the iliac bone through which a finger could be passed, and appeared to be the result of an osteomyelitic process.

Perforation of the Iliac Bone

Stereo 56.

Serial N^o 3



SYPHILIS OF THE STOMACH

By LEON THEODORE LEWALD, M. D.

Professor of Roentgenology, New York University; Director of the Roentgen Department, St. Luke's Hospital, New York



THE patient, female, age twenty-three, admitted to St. Luke's Hospital, September 28, 1914. Had suffered from disease of right hip at ten years of age, which healed after nine years' treatment; she still has a slight limp. Married two years. A therapeutic abortion had been performed three months later for persistent vomiting. This was followed by a second impregnation a few months later with a similar result. Since that time, the patient has suffered almost constantly with attacks of intense, sharp, stabbing pain in the stomach, followed in about fifteen minutes by vomiting, which relieved the pain. The vomitus had not contained blood. Pain had no special relation to the taking of food.

¶ **Physical Examination** revealed a poorly nourished, emaciated woman. Weight seventy-five pounds, a reduction of one-half of former weight. Wassermann, reaction four plus positive. Wassermann on husband negative. Test meal 30 cc.; blood, 0; lactic acid, 0; free hydrochloric acid, 0; total acidity, 14.

¶ **Roentgen Examination** revealed a dilatation of the esophagus and a very small stomach, emptying very rapidly. There was a very peculiar deformity involving the pyloric

half. This region appeared to be infiltrated, together with the pyloric ring, which was held open, allowed the food to pass out of the stomach in a remarkably rapid manner. At the sixth hour there was a small residue high up in the cardiac end of the stomach.

¶ October 5, 1914, a roentgen re-examination was made which confirmed the finding of a peculiar deformity involving the pyloric half of the stomach, causing a considerable narrowing of the lumen, an appearance which had been previously observed in syphilis of the stomach.

¶ November 11, 1914, another Roentgen examination was made after the patient had been placed on anti-syphilitic treatment following the finding of a positive Wassermann reaction. It showed the peculiar deformity of the stomach persisting, and at the sixth hour there was a small residue at the cardiac end of the stomach.

¶ **Treatment**—October 8, 1914, the patient was started on injection of salicylate of mercury and high caloric diet in small quantities at frequent intervals. She was discharged December 13, 1914, having gained thirty pounds in weight. Nausea and vomiting were entirely relieved.

¶ March 1, 1915, Roentgen examination showed the deformity at the pyloric region of the stomach still persisting and the stomach emptying at a rapid rate. At the sixth hour there was a small residue in the cardiac end of the stomach, very much as in the earlier examination. The patient has continued to improve in health and has gained fifty-four pounds in weight.

¶ February 18, 1916. Roentgen examination shows that the stomach does not begin to empty at quite as rapid a

rate as previously noted and the peculiar deformity of the middle of the stomach and pyloric region shows slight improvement over the previous findings.

¶ November 26, 1916. The patient reports that appetite is good "stomach seems to be alright, I am feeling extremely well."

Syphilis of the Stomach

D—Duodenum. P—Pylorus. S—Stomach.

Stereo 57.

Serial N^o 379



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